



## **Long Term Care Coordinating Council**

**Wednesday, March 11, 2015**

**10:00 – 11:30 am**

**Child and Family**

**Main Conference Room**

**1268 Eddy St.**

**Providence, RI**

### **ATTENDEES:**

Maria Barros	Hugh Hall	Paula Parker
Deborah Burton	Brooke Havens	Maria Petrillo
Deanna Casey	Kathleen Heren	Susan Pomfret
Amanda Clarke	Judy Jones	Marianne Raimondo
Carla Corona	Kathleen Kelly	Jennifer Reid
Lisa Corrente-Hetland	Maureen Maigret	Ray Rusin
Rosa De Castillo	Donna McGowan	Susan Saccoccia-Olson
Craig Dwyer	Lt. Governor McKee	Kim Sanchez
Robin Etchingham	Kathy McKeon	Bonnie Sekeres
William Flynn	Mary Lou Moran	Dianna Shaw
Charlie Fogarty	Jessica Mowry	Michelle Szylin
Ray Gagne	Jim Nyberg	Peter Snyder, PhD
Rick Gamache	Nicholas Oliver	George Sousa
Holly Hall	Ken Pariseau	Kate Sullivan
Sen. Gayle Godin		

### **I. Welcome – By Lt. Governor Introduction of all attendees**

## **II. Approval of Long Term Care transition minutes from December 10, 2014**

The hard copy of minutes were distributed. The Lt. Governor tabled the approval of minutes of December 10, 2014 the next meeting.

## **III. Nursing Home Update:**

Ray Rusin (Chief, Office of Facilities Regulation (OFR) & Director, Radiation Control Program at DOH gave an update on nursing homes.

LTC Report of the Office of Facilities Regulation 3-11-2015 covering December '14, January & February 2015

There are no current citations of substandard quality of care. Dec. – Jan, - Feb.

Substandard Quality of Care Monitoring:

The Office of Facilities Regulation (OFR) is currently monitoring three facilities for previous citations of substandard quality of care:

**Charlesgate:** Prov. OFR conducted an unannounced complaint and SQC monitoring inspection on January 23 and there were no citations of non-compliance.

They conducted a full standard unannounced inspection on February 10, 2015.

The facility complied with federal Medicare/Medicaid standards. Additionally, OFR documented two minor state regulatory citations.

**Elmhurst EC:** Prov. OFR conducted an unannounced SQC monitoring inspection on December 2, 2014 and there were no citations of non-compliance.

**North Bay:** Prov. OFR conducted an unannounced SQC monitoring inspection on February 24, 2015 and there were no citations of non-compliance.

## **IV. Subcommittees Review:**

### **A. Alzheimer's Update:**

**Donna McGowan**

Donna McGowan, Executive Director of the RI Alzheimer's Association gave an overview of the February Alzheimer's Conferences. Donna reported that they conducted the annual February Alzheimer Conference with an attendance of a little over 500 people, despite the weather conditions. They also concluded simultaneously with the Brown University Conference, which attracted more than 100 physicians.

- **Research Conference Task Force (Peter Snyder, Chair)**

The result from their partnership with the Alzheimer's Association were two very successful conferences; the Caregiver Conference in its fifth year featured 21 breakout sessions. The joint conferences were held on March 5, 2015 at Crowne Plaza in Warwick, and it was free to caregivers. The research conference had \$10,000 in funding: \$5000 from Tom Ryan and \$5000 from DEA. The conference included a juried poster board sessions and awards, AM and PM Breakout sessions, CMEs/CEUs for health professionals.

- The keynote speaker for the Caregivers Conference was Sid O'Bryant who is a leader in blood-base biomarker research.

One of the highlights of these conferences is the need for compiling better practices to share all findings from a numbers of studies in Rhode Island.

**B. Aging & Community subcommittee Update:** Maureen Maigret reported Gaps that were identified as barriers for the aging community:

- There are gaps linked to Home Delivery Meals Program, there is a waiting list. They are working on several options to address these issues.
- There is not basic consumer resources for Elders nor appropriation from DEA services to support services provided via internet by DEA.
- There is a gap in respite services training as well.

**C. ICI REPORT:**

**ICI Phase I Enrollment as of 3/1/2015**

- **RHO Mailing of New ICI eligible individuals**
- **ICI Enrollment by Program and Setting**
- **CCCCP MA only enrollment**

**ICI Phase I Enrollment Opt-Out as of 3/1/15**

- **RHO Opt-Out by Setting**
- **CCCCP Opt-Out by Setting**

**ICI Phase I Enrollment Help Line Statistics**

- **January 2015**
- **February 2015**

**March 11, 2015**

**The Integrated Care Initiative  
Phase I**

**RI Executive Office of Health  
and Human Services**



<b>Total RHO Enrollment Mailing</b>	<b>Nursing Home &gt; 90 Days</b>	<b>Community with LTSS</b>	<b>ID/DD</b>	<b>SPMI</b>	<b>Community no LTSS</b>	<b>RHO MA Only*</b>
<b>576</b>	<b>24</b>	<b>68</b>	<b>18</b>	<b>43</b>	<b>394</b>	<b>29</b>

<b>Total RHO Enrollment Mailing</b>	<b>Nursing Home &gt; 90 Days</b>	<b>Community with LTSS</b>	<b>ID/DD</b>	<b>SPMI</b>	<b>Community no LTSS</b>	<b>RHO MA Only*</b>
<b>1,162</b>	<b>62</b>	<b>145</b>	<b>25</b>	<b>146</b>	<b>750</b>	<b>34</b>

<b>Setting</b>	<b>RHO</b>	<b>CCCCP</b>	<b>PACE</b>	<b>Total ICI Enrollment**</b>
<b>Nursing Home &gt; 90 Days</b>	2,903	291	286	3,194
<b>ID/DD</b>	1,630	448		2,078
<b>Comm. With LTSS</b>	1,155	425		1,580
<b>SPMI</b>	1,164	541		1,705
<b>Comm. No LTSS</b>	10,084	1,991		12,075
<b>MA Only*</b>	470	185		1,103
<b>Total</b>	17,406	4,329	286	21,735

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<b>Nursing Home &gt; 90 Days</b>	<b>2,903</b>	<b>291</b>	<b>286</b>	<b>3,194</b>
<b>ID/DD</b>	<b>1,630</b>	<b>448</b>		<b>2,078</b>
<b>Comm. With LTSS</b>	<b>1,155</b>	<b>425</b>		<b>1,580</b>
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<b>MA Only*</b>	<b>470</b>	<b>185</b>		<b>1,103</b>
<b>Total</b>	<b>17,406</b>	<b>4,329</b>	<b>286</b>	<b>21,735</b>

**CCCCP MA Only Enrollment as of March 1, 2015**

<b>Total</b>	<b>Nursing Home &gt; 90 Days</b>	<b>ID/DD</b>	<b>SPMI</b>	<b>Community with LTSS</b>	<b>Community no LTSS</b>
633	41	2	14	67	509

### RHO Opt Outs by Setting as of March 1, 2015

Setting	# Opt out	# Returned Mail	Opt out %	Returned Mail %
SPMI	425	114	25%	7%
ID/DD	228	19	12%	1%
Community with LTSS	1,066	35	47%	2%
Nursing Home > Days	1,136	100	27%	2%
Community no LTSS	2,105	503	17%	4%
MA Only*	125	19	20%	3%
Total	5,084	790	22%	3%

\*Includes DD and SPMI

### CCCCP Opt Outs by Setting as of March 1, 2015

Setting	# Opt out	# Returned Mail	Opt out %	Returned Mail %
SPMI	183	45	24%	6%
ID/DD	112	9	20%	2%
Community with LTSS	292	11	40%	2%

<b>Nursing Home &gt; Days</b>	<b>114</b>	<b>16</b>	<b>27%</b>	<b>4%</b>
<b>Community no LTSS</b>	<b>648</b>	<b>127</b>	<b>23%</b>	<b>5%</b>
<b>MA only, SPMI</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0%</b>
<b>MA only, ID/DD</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0%</b>
<b>MA only, Community with LTSS</b>	<b>13</b>	<b>1</b>	<b>16%</b>	<b>1%</b>
<b>MA only, NH&gt;90 Days</b>	<b>8</b>	<b>5</b>	<b>15%</b>	<b>9%</b>
<b>MA only, Community no LTSS</b>	<b>6</b>	<b>60</b>	<b>1%</b>	<b>10%</b>
<b>Total</b>	<b>1376</b>	<b>274</b>	<b>23%</b>	<b>5%</b>

## V. Transportation Update:

Everyone either in Medicare or Medicaid, as well as RI Works participants are eligible for non- emergency Transportation. LogisticCare changed the way to distribute these monthly passes. George Sousa (LogistiCare) explained that in the past, the passes were available at markets and now they are directly mailed from LogistiCare. EOHHS has oversight over this program.

- Kathy Heren announced that there is a transportation meeting on the last Wednesday of each month at the Alliance for Better Long-Term Health, the next meeting is March 25, 2015.
- This alliance is providing driving training for special clients.
- There are 56 providers, the main complaint is the drivers no showing or getting there very late.
- Lt. Governor asked to be notified to address any individual concerns; especially if there is an issue with a particular customer that has not been picked up or any other barrier regarding transportation.
- One of the major setbacks was in February when New England Ambulance went out of business, bringing 27 vehicles out of service; however, a positive outcome is that other current providers are purchasing those vehicles.
- The subcommittee will research nearby states for market participants. A Complete report from this subcommittee will be



providing detailed information, and will be cc to Lt. Governor as well, per his request.

- Nicholas Oliver asked if there was an update on the status on NEMT on Aquidneck Island and the training for drivers. George explained that those new drivers needed to pass federal CTAA training. LogistiCare is working on customizing the training so that the training on wheelchair securement is not a repetition for EMTs.
- PACE obtained the licensing approval from DPUC.

## **VI. Transition Committee Policy Report Lieutenant Governor Daniel McKee Transition Committee Report on Long Term Health Care January 2015**

### **Long-Term Health Care Coordination**

#### *General Comments*

Here is a list of the salient general comments made by this work group on the subject of long-term health care coordination:

- 1) There is a critical lack of awareness by the state's elderly, developmentally disabled and family caregivers regarding the range of public and private sector services that are available and how to access them.
- 2) The state needs to be better prepared for the continued migration of institutional long-term care services to the community setting.
- 3) Attention needs to be given to making long-term care services linguistically and culturally relevant to minority populations.
- 4) There needs to be a meaningful stimulus to create innovation in long-term care policy and practices.
- 5) The developmentally disabled and group home communities need to be integrated into statewide planning for long-term care.
- 6) The state is not well prepared for the expected tsunami of increased incidence of dementia as the Baby Boomer generation ages.
- 7) Increased access to adult day care services should be an essential element in the migration to community-based services.
- 8) State and local tax incentives are areas of opportunity in the matter of developing the infrastructure required for community-based long-term care services.
- 9) Transportation barriers for the elderly, chronically ill, and developmentally disabled populations must be addressed.
- 10) Strategies to stimulate public-private partnerships in the development of community-based infrastructure need to be evaluated.

### Recommended Broad Policy Initiatives

- 1) The Lieutenant Governor should work to achieve the development of an adequate infrastructure of community-based long-term care services.
- 2) The Lieutenant Governor should develop strategies to improve awareness of long-term care services and how to access them.
- 3) The Lieutenant Governor should develop strategies to decrease transportation barriers to users of long-term care services.
- 4) The Lieutenant Governor should encourage municipal leaders to actively participate in the development of community-based services.
- 5) The Lieutenant Governor should seek to be a catalyst in the development of an adequate statewide plan for the treatment of dementia.

### Short-Term Programmatic Initiative

Stimulate development of an interagency, public-private sector clearinghouse of consumer information on long-term care services and access.

#### **VII. Public Comment:**

- Holly Garvey announced ICI reportedly held their meeting as scheduled
- RI has a two tiers approach to combine the LTC of Medicaid/Medicare part B and A, and will be administered by a third party
- Enrollment Statistics will be available upon request from the ICI Phase 1 and Phase2.
- Phase 3 is a full integration of Medicare and Medicaid into one system.
- Elders can choose which providers would deliver their LCS.
- More information about enrollment call at the ICI Enrollment Help Line. The phone number is (401)784-8877.

Lt. Governor McKee looks forward to working with LTCCC participants. He encourages participants to be engaged with his office to facilitate services for our constituents.

#### **VIII. Next Meeting: April 8, 2015 at Child & Family, 1268 Eddy St. Providence from 10:00 – 11:30 AM**

Minutes respectfully submitted by: Rosa De Castillo